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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9299

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2782

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsnel St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Dear Thanks Physician years.

3. (a) PRINT FULL NAME John Young

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb (Month) 18 (Day) 1912 (Year)

8. AGE: Years 28 Months 0 Days 2 ~~13~~ If less than one day hr. min.

9. Birthplace Vicksburg (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Nil

11. Industry or business —

FATHER
12. Name ~~[illegible]~~ Richard Young
13. Birthplace Unknown (City, town, or county) ?0 (State or foreign country)

MOTHER
14. Maiden name Cora Williams
15. Birthplace Ellawara (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant Cora Scott
(b) Address 2617½ Wash St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) MAR 25 1940 (Date received local registrar) (b) J F Bedrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1940 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Parenchymatous Nephritis following Salvarsan Injection for Syphilis

Due to

Due to 34

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Clyde Tanner Date signed 3.21.40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me, or by~~ L. Boy

....., Registered Apprentice No. Myslof,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.